



***Louisiana Department of Health and Hospitals  
Office of Aging and Adult Services (OAAS)***



**Service Hour Allocation of  
Resources (SHARe) and  
Service Log Training Workshop  
For EDA & LT-PCS Direct Service  
Providers**

***WELCOME***

EDA & LT-PCS

Direct Service Providers to this  
Very Important  
OAAS Training Workshop

# ***Workshop Rules***

- Sign-In only for yourself
- Turn off all mobile phones, or set them to vibrate
- Set all pagers to vibrate
- Do not check your personal e-mail during class time
- No smoking except in designated areas
- Use index cards to jot down questions and turn in to training facilitators
- Please complete and return Evaluation Form at conclusion of training

# ***Training Objectives***

At the conclusion of this training, participants will be able to:

- Explain what SHARe Methodology is
- State reasons for implementation of SHARe
- List major changes with use of SHARe Methodology
- Explain provider responsibilities related to forms and other information provided during this training
- Accurately complete Service Log and Provider Agreement forms introduced during this training

# ***Common Abbreviations***

- ACS            Affiliated Computer Services (DHH Contractor)
- CMS           Centers for Medicare and Medicaid
- CPOC          Comprehensive Plan of Care
- CS             Companion Services
- DHH           Department of Health and Hospitals
- DSP            Direct Service Provider
- DSW           Direct Service Worker
- EDA            Elderly and Disabled Adult Waiver
- EMods        Environmental Accessibility Adaptations  
(Environmental Modifications)
- HCBS          Home and Community-Based Services
- HR             Legislative House Resolution
- HSS            Health Standards Section

# ***Common Abbreviations (continued)***

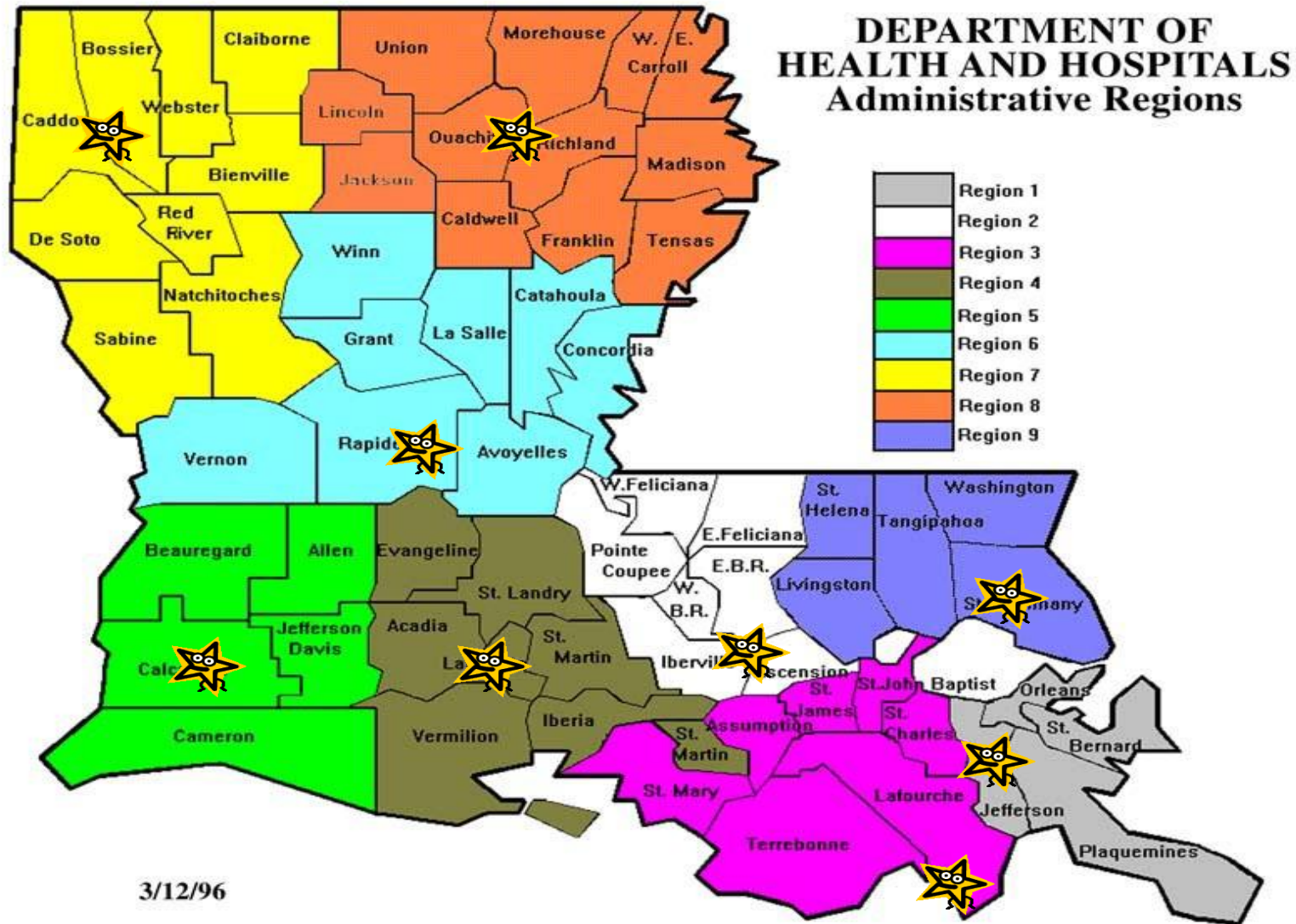
- LTC Long Term Care
- LT-PCS Long-Term Personal Services Program
- MDS-HC Minimum Data Set-Home Care
- NF Nursing Facility
- OAAS Office of Aging and Adult Services
- PCA Personal Care Attendant
- PERS Personal Emergency Response System
- RUG Resource Utilization Guide
- SC Support Coordinator or Support Coordination
- SHARe Service Hour Allocation of Resources
- SR Legislative Senate Resolution
- SRI Statistical Resources, Inc. (DHH Contractor)
- PA Prior Authorization

# ***OAAS – Who We Are***

The OAAS administers home and community based long term care services for individuals who are elderly or have disabilities, assisting them to remain in their homes in the community



# *Nine OAAS Regional Offices*





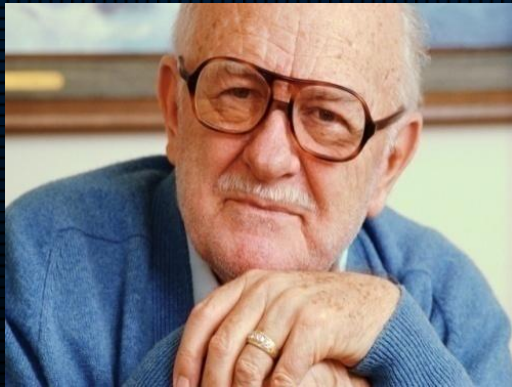
# OAAS Regional Offices Contact Information

<b><u>Region 1: New Orleans</u></b> 1010 Common Street, Suite 505 New Orleans, LA 70112 Phone Number: (504) 568-8568 Fax Number: (504) 599-0293	<b><u>Region 2: Baton Rouge</u></b> 465 North 7th Street, Suite 300 Baton Rouge, LA 70802 Phone Number: (225) 219-1917 Fax Number: (225) 219-1904	<b><u>Region 3: Thibodaux</u></b> 1148 Tiger Drive Thibodaux, LA 70301 Phone Number: (985) 449-4708 Fax Number: (985) 449-4706	<b><u>Region 4: Lafayette</u></b> 128 Demanade Drive, Suite 104 Lafayette, LA 70503 Phone Number: (337) 262-1635 Fax Number: (337) 262-1300	<b><u>Region 5: Lake Charles</u></b> 2300 Broad Street Lake Charles, LA 70601 Phone Number: (337) 491-2199 Fax Number: (337) 491-2005
<b><u>Region 6: Alexandria</u></b> 3600 Jackson St. Ste. 122 Alexandria, LA 71303 Phone Number: (318) 767-6053 Fax Number: (318) 487-5968	<b><u>Region 7: Shreveport</u></b> 3018 Old Minden Road, Suite 1109 Bossier City, LA 71112 Phone Number: (318) 741-2700 Fax Number: (318) 741-2722	<b><u>Region 8: Monroe</u></b> 1401 Hudson Lane, Suite 236 Monroe, LA 71201 Phone Number: (318) 362-5070 Fax Number: (318) 362-4611	<b><u>Region 9: Mandeville</u></b> 21454 Koop Drive, Suite 2B Mandeville, LA 70471 Phone Number: (985) 871-8389 Fax Number: (985) 871-8304	

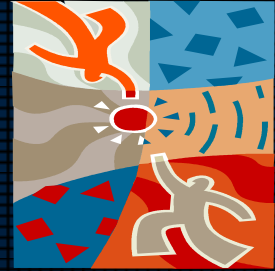
# ***OAAS Guidelines & Expectations***

- The guidelines and expectations for DSP personnel involved in the delivery of OAAS HCBS programs are the focus of this training and are to be used as a basis for carrying out designated functions covered during this workshop.

# ***Working Towards a Sustainable Future – THE BIG PICTURE***



# ***Why We Are Here...***



- To reach a common understanding of where we've been, where we are today, and what the future potentially holds
- To begin adopting a new approach that works toward a sustainable future for our programs and for the people we serve

# ***Where We've Been...***

- **1993** –EDA Waiver began with 200 slots. PCA, PERS, eMODS, Case Management
- **2001** – Barthelemy
- **2003** – LTPCS – PCA removed from EDA waiver
- **2005** – LTC Reform Plan – Directs DHH to implement numerous improvements including:
  - Develop Person Centered Planning model for elders
  - Explore new services in EDA waiver
- **2007** – OAAS begins working on SHARe
  - EDA no longer cost-effective

# ***Report Card***



- Number of persons served in OAAS administered HCBS now exceeds 12,000
- LTPCS has grown from \$30 million in 2003 to about \$239 Million projected for FY 2009
- EDA waiver has grown from 200 slots to 4603 slots
- Louisiana now spending almost 1/3 of all LTC dollars on HCBS
- Over 9,000 people still on EDA waiting list



# ***Achievements...***



- Massive infusion of dollars into the community
- **Heightened expectations:**  
People and families now expect that public systems will provide them the help they need to live and participate in the community



# *Problems*



- Despite growth many issues exist:
  - Limited service package
  - Access
  - Capacity of systems (support coordinators, workforce)
  - Excessive paper and obstacles to service delivery
  - Quality
  - Fraud

# ***Cost Effectiveness***



- EDA avg. cost about \$40,000 a year
- EDA is not meeting CMS cost-effectiveness requirements
- Primarily due to impact of LTPCS costs when combined with EDA costs.
- SR 180 and HR 190 direct DHH to address cost issues in LTPCS program



# ***Observations About The Current System***

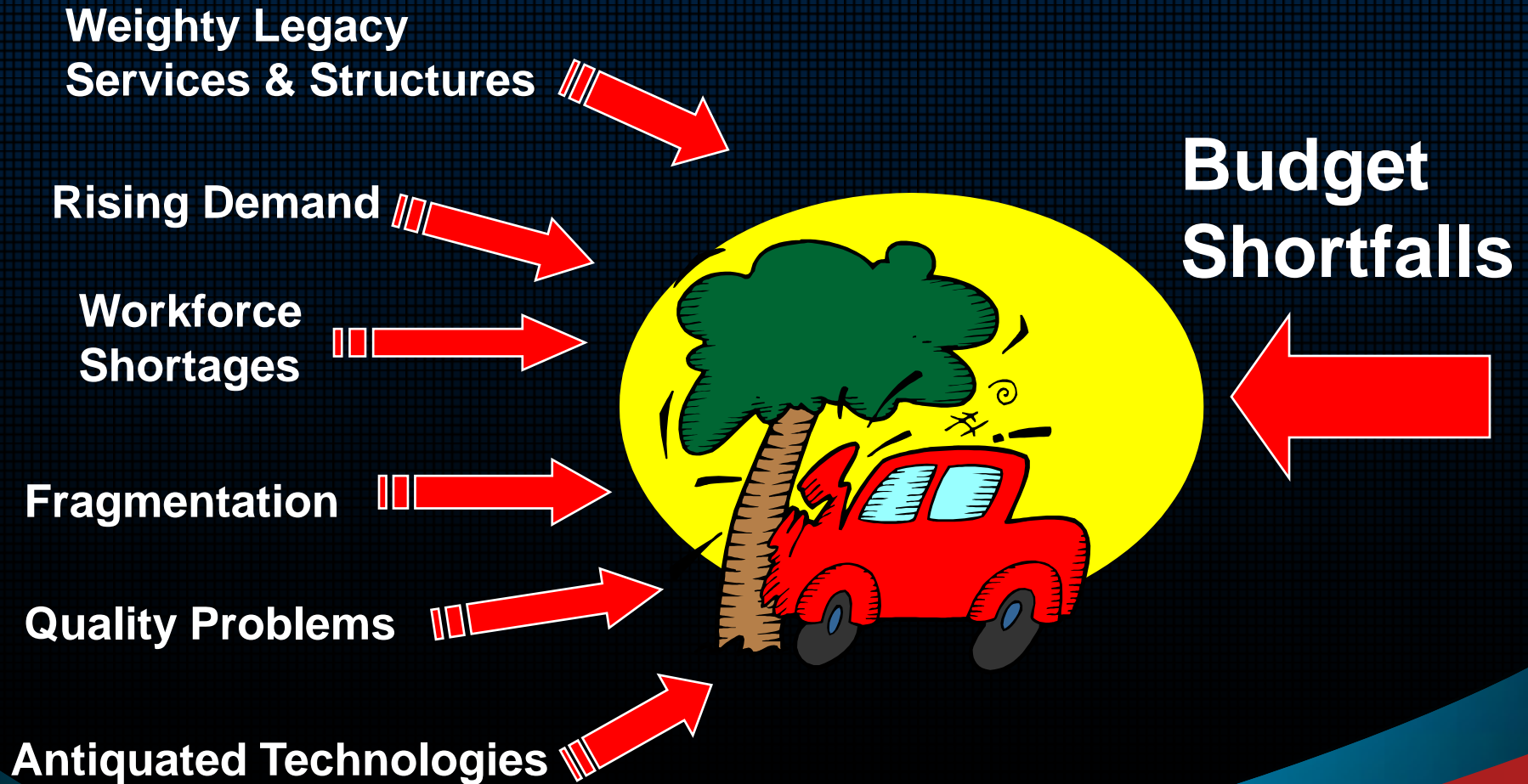
- Louisiana has unique challenges many “model” state do not have
  - Lowest NF reimbursement in the U.S.
  - Large number of NF beds and low occupancy
  - Large percentage of Medicaid eligible persons
  - High incidence of disability/frailty
  - No coordination between acute and chronic LTC
- Current “system” was not planned

# *Compounding Stressors*



- Accelerating service demand
- Workforce
- Quality problems
- Fragmentation
- Antiquated technologies
- Increasing diversity

# ***Heading For A CRASH!***



# *Impact On Our World*



- Freezes on HCBS waiver enrollment
- Rate cuts/stagnation
- Stagnation – Growth curve flattens
- Programs threatened with reductions or elimination

# ***What To Do???***

We can't stay on this spot



We need to rethink  
what we do, examine  
how we do it, and  
resolutely search for  
“value”



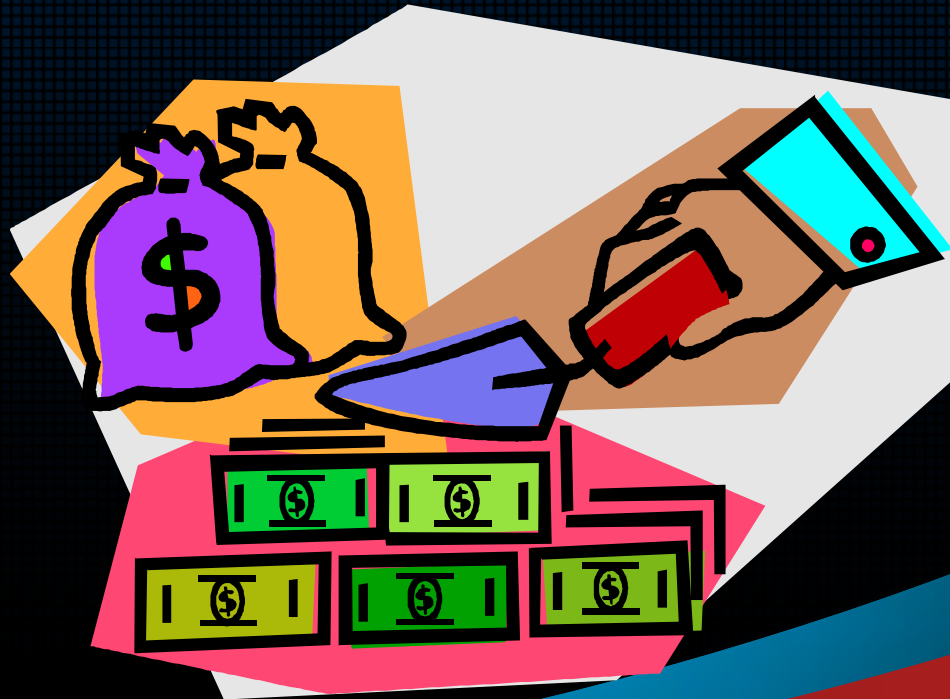
# *Premises for Improvement*

- A system that replaces informal care is not sustainable. Family caregivers must be supported, not routinely converted to paid staff.



# *Premises for Improvement*

- Medicaid cannot meet all needs. Other services must be brought to bear.



# *Premises for Improvement*

- Reliance on one-to-one personal care is not sustainable and promotes dependence.



# ***Premises for Improvement***

- Person Centered Planning – Focus is on personal preferences and facilitates assessment of care giver capacity in order to maximize use of natural supports.



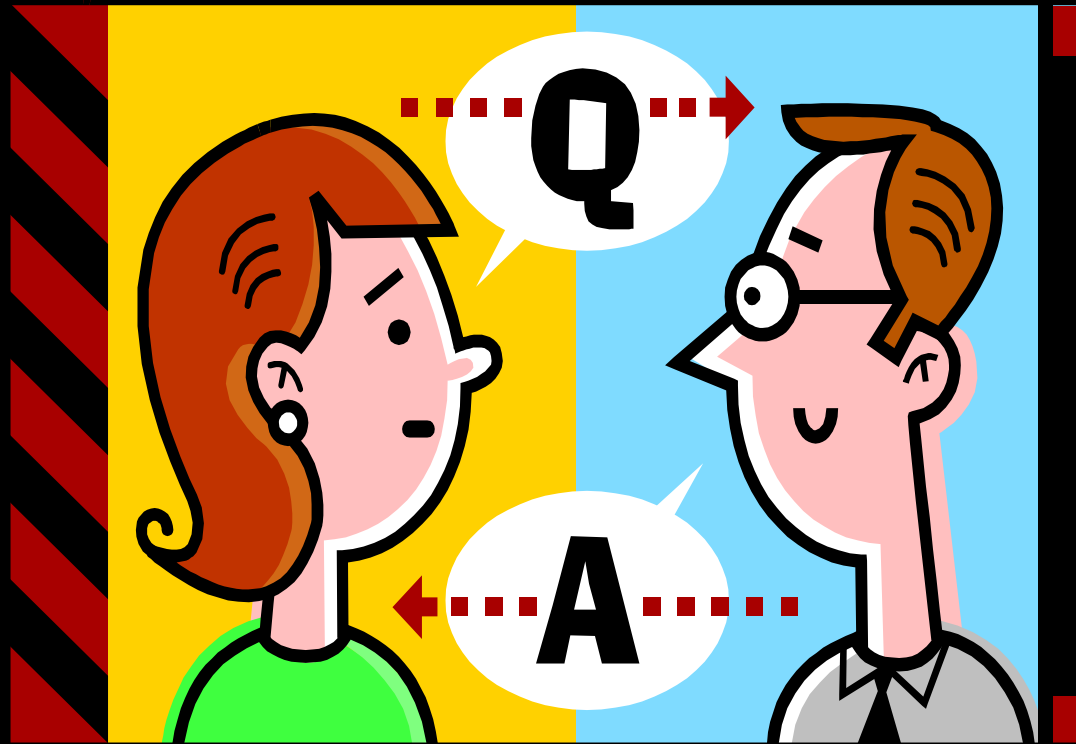
# ***Premises for Improvement***

- The SC is responsible for assuring a Person Centered Planning process takes place for the recipient, and for assuring an unbiased opportunity for choice and delivery preferences of services takes place during the planning process. For this reason, the provider agency will not be present during an initial assessment. In addition, a provider may attend annual reassessments only at the request of the recipient, and/or his/her personal representative.



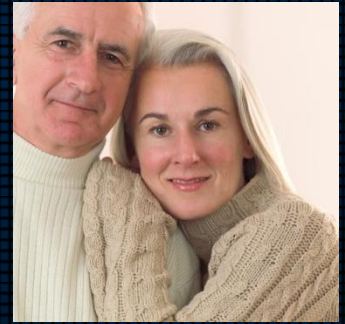
***Paid support  
should be  
considered only  
after a thorough  
person centered  
planning process  
has taken place***

# Questions?





# ***SHARe***



***Service Hour Allocation of  
Resources for LT-PCS and  
EDA Waiver***

# ***SHARe***

- Began as effort to promote flexibility, eliminate “daily level of service guide”, allow person to use services based on preferences
- Evolved into “acuity-based” resource allocation
- Provides a way to share limited resources fairly, based on need

# ***SHARe Methodology***

- Provides an equitable way to allocate resources based on acuity
- All EDA budgets and LT-PCS service hours for recipient care plans developed on or after 3/1/09 will be set using the SHARe Methodology

# ***SHARe Methodology***

- Uses information collected via the Minimum Data Set for Home Care (MDS-HC) assessment tool to classify participants into seven major categories
- Each of these 7 major categories is divided into several sublevels to determine the participant's Resource Utilization Group (RUG Score)

# ***SHARe Methodology***

- MDS-HC Assessment yields Participant's Acuity Level/Level of Need (RUG III Score)
- Application of RUG III Score = Participant's Service Hour Allocation of Resources (SHARe)

# ***Expected Results***

- Needs-based, person-centered plan of care without specific time restraints for each activity
- Allocation of resources based on use of scientific, proven method (RUG-III)
- Freedom for flexibility of service delivery within any one week
- Less complicated documentation requirements for providers of services
- **Cost effectiveness is restored for the EDA waiver**

# *The Major Changes*

MDS-  
HC

IDs needs  
& RUG  
score

RUG  
III/  
SHARe

Determines  
max amount of  
time per week  
& max EDA  
annual budget

Care Plan

Can be flexible within  
each week but must  
address needs &  
preferences ID'd in  
Care Plan



# ***The Major Changes***

Waiver  
CPOC

New  
Waiver  
Care Plan

CPOC  
Task List/  
Provider  
Agreement

Two page  
document  
completed by SC  
based on participant's  
SHARE & sent to  
Provider

Log of  
Weekly  
Services/  
Supports

Log of Weekly  
Services/Supports  
& Daily Progress  
Notes for LT-PCS  
& EDA

# Current LT-PCS Only Plan of Care used by ACS

## Services Identified - Activities of Daily Living

For each activity, identify the results of the MDS-HC and whether or not assistance is needed. If support is needed, identify who currently provides the support with a brief description of the support being provided. If the need is not being met, describe the support being recommended and the frequency that support is needed. Refer to Daily Level of Service Guide for Time Allotment.

CODES:	MDS-HC Level	Needs Assistance	Frequency
	0. Independent	0. No.	0. None
	1. Limited	1. Yes	1. 1 per day
	2. Extensive		2. 2 per day
	3. Total		3. 3 per day
			4. Once per week
			5. Twice per week
			6. Once per month

Activity	HC Level	Current Natural Support ( Describe current support )	Type of Support Needed	Schedule/ Frequency of Support		Time for Each Activity			
	Need Asst.			Day	Freq	Mins			
Eating				Sun					
				Mon					
				Tue					
				Wed					
				Thu					

Recipient's use of assigned time may be used in a flexible manner to meet the recipient's identified Needs and Preferences.

## ***For Example:***

- Suppose, Mrs. Jones decides that she would like a direct service worker in her home 3 hours per day, five days per week, as reflected in her care plan, but during the second week of the month, Mrs. Jones' daughter from a near by town visits her on Tuesday, and Mrs. Jones informs you that her daughter will be helping her with her ADLs on Tuesday. Mrs. Jones also informs you that she has a doctor's appointment on Thursday of that same week, and that she needs you to accompany her to that visit. Mrs. Jones can use the 3 hours that were not used on Tuesday for you to accompany her to the doctor's visit. **This is possible as long as the total hours do not exceed the amount authorized for that week.**

## ***Another Example:***

- Mrs. Jones' care plan task list indicates that she has 3 hours of EDA companion service for supervision in the community on Sundays so that she can attend church functions. Mrs. Jones' friend, Edna, attends the same church and occasionally asks Mrs. Jones to join her in attending church functions they both enjoy. When this occurs, Mrs. Jones may use the 3 hours of companion services at another time of the same week. This allows for maximum flexibility without having to change Mrs. Jones' care plan.

**Important Note:** All services should be appropriately documented on the Log of Weekly Services/Supports & Daily Progress Notes for LT-PCS and EDA CS.

# CPOC Used by Support Coordinators – EDA Waiver

Louisiana Department of Health and Hospitals (DHH)  
Office of Aging and Adult Services (OAAS)

## PLAN OF CARE (POC)

<b>Program Choice (Check all that apply):</b> <input type="checkbox"/> ADHC Waiver <input type="checkbox"/> EDA Waiver <input type="checkbox"/> LT-PCS		<b>Plan Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Status Change (Revision)	
<b>SECTION A: IDENTIFYING INFORMATION</b>			
First Name:	Middle Name:	Last Name:	Suffix:
Birthdate:	Age:	Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN:		
Race:	<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White/Caucasian Ethnicity: <input type="checkbox"/> Hispanic or Latino	Medicaid No.:	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		Medicare No.:	
		Private Insurance Name:	
		VA Benefits: <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Home Phone Number:		Alternate Phone Number/Cell:	
Street Address:		City:	State: LA Zip Code:
Mailing Address:		City:	State: LA Zip Code:
<b>SECTION B: PERSONAL REPRESENTATIVE INFORMATION</b>			
First Name:	Middle Name:	Last Name:	Suffix:
Age:	Relationship:	Lives with Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact : <input type="checkbox"/> Yes <input type="checkbox"/> No
		Responsible for Evacuation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone Number:		Alternate Phone Number/Cell:	
Street Address:		City:	State: Zip Code:

Participant Name: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Date Developed: \_\_\_\_\_  
OAAS CPOC-Working Draft – Re-Issued 3-19-09



# CPOC TASK LIST/PROVIDER AGREEMENT (Page 1 of 2)

The CPOC Task List/Provider Agreement is completed by the Support Coordinator during the Recipient's person centered planning process.

CPOC TASK LIST/PROVIDER AGREEMENT for WEEKLY LONG TERM-PERSONAL CARE SERVICES / ELDERLY and DISABLED ADULT WAIVER-COMPANION SERVICES

SUPPORT COORDINATION OR SINGLE POINT OF ENTRY AGENCY NAME: XYZ, Inc.  
 PARTICIPANT NAME: Melvin Joseph Brown MEDICAID ID #: 1234567890000 DATE DEVELOPED: 3-13-09

DAY OF WEEK:	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
1 <sup>st</sup> EXPECTED ARRIVAL TIME/DAY→			9:00 a.m.		9:00 a.m.		9:00 a.m.		9:00 a.m.		9:00 a.m.			
1 <sup>st</sup> ANTICIPATED DEPARTURE TIME/DAY→			11:45 a.m.		11:15 a.m.		11:45 a.m.		11:15 a.m.		11:45 a.m.			
2 <sup>nd</sup> EXPECTED ARRIVAL TIME/DAY→			3:30 p.m.		4:30 p.m.		3:30 p.m.		4:30 p.m.		3:30 p.m.			
2 <sup>nd</sup> ANTICIPATED DEPARTURE TIME/DAY→			5:30 p.m.		5:30 p.m.		5:30 p.m.		5:30 p.m.		5:30 p.m.			
	LTPCS	CS	LTPCS	CS	LTPCS	CS	LTPCS	CS	LTPCS	CS	LTPCS	CS	LTPCS	CS
DAILY CUMULATIVE TOTAL LT-PCS & CS HOURS (TOTALS FROM TASK LIST WORKSHEET PAGES)→	0	0	3.75	1	3.25	0	3.75	1	3.25	0	3.75	1	0	0
DAILY CUMULATIVE TOTAL UNITS FOR LT-PCS & CS (HOURS X 4 = UNITS)→	0	0	15	4	13	0	15	4	13	0	15	4	0	0
WEEKLY SHARE ALLOCATIONS→	LT-PCS: <u>17.75</u> HOURS X 4 = <u>71</u> UNITS      EDA-CS: <u>3</u> HOURS X 4 = <u>12</u> UNITS													
	↓ USE CHECK MARK TO INDICATE TASK & SERVICE TYPE TO BE COMPLETED EACH DAY ↓													
TASKS TO BE COMPLETED ↓	LT-PCS	CS	LT-PCS	CS	LT-PCS	CS	LT-PCS	CS	LT-PCS	CS	LT-PCS	CS	LT-PCS	CS
EATING														
BATHING			✓		✓		✓		✓		✓			
DRESSING					✓		✓		✓		✓			
GROOMING			✓				✓				✓			
TRANSFERRING			✓		✓		✓		✓		✓			
AMBULATION			✓		✓		✓		✓		✓			
TOILETING			✓		✓		✓		✓		✓			
LIGHT HOUSEKEEPING														
FOOD PREPARATION and STORAGE														
GROCERY SHOPPING														
LAUNDRY														
MEDICATION REMINDERS														
ASSISTANCE SCHEDULING MEDICAL APPTS														
ASSISTANCE ARRANGING MEDICAL TRANSPORT														
ACCOMPANYING TO MEDICAL APPTS														
SUPV OR ASSIST W/OTHER HEALTH RELATED TASK														
SUPV OR ASSIST W/COMMUNITY RELATED TASKS														
SUPV OR ASSIST RELATED TO SAFETY PURPOSES				✓				✓				✓		



## CPOC TASK LIST/PROVIDER AGREEMENT for WEEKLY LONG TERM-PERSONAL CARE SERVICES / ELDERLY and DISABLED ADULT WAIVER-COMPANION SERVICES

SUPPORT COORDINATION OR SINGLE POINT OF ENTRY AGENCY NAME: XYZ, Inc.PARTICIPANT NAME: Melvin Joseph Brown MEDICAID ID #: 1234578890000 DATE DEVELOPED: 3-13-09

DAY OF WEEK:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 <sup>ST</sup> EXPECTED ARRIVAL TIME/DAY→		9:00 a.m.	9:00 a.m.	9:00 a.m.	9:00 a.m.	9:00 a.m.	
1 <sup>ST</sup> ANTICIPATED DEPARTURE TIME/DAY→		11:45 a.m.	11:15 a.m.	11:45 a.m.	11:15 a.m.	11:45 a.m.	
2 <sup>ND</sup> EXPECTED ARRIVAL TIME/DAY→		3:30 p.m.	4:30 p.m.	3:30 p.m.	4:30 p.m.	3:30 p.m.	
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	LTPCS	CS	LTPCS	CS	LTPCS	CS	LTPCS
DAILY CUMULATIVE TOTAL LT-PCS & CS HOURS (TOTALS FROM TASK LIST WORKSHEET PAGES)→	0	0	3.75	1	3.25	0	3.75
DAILY CUMULATIVE TOTAL UNITS FOR LT-PCS & CS (HOURS X 4 = UNITS)→	0	0	15	4	13	0	15
WEEKLY SHARE ALLOCATIONS→	LT-PCS: 17.75 HOURS X 4 = 71 UNITS		EDA-CS: 3 HOURS X 4 = 12 UNITS				
USE CHECK MARK TO INDICATE TASK & SERVICE TYPE TO BE COMPLETED EACH DAY↓							
TASKS TO BE COMPLETED↓	LT-PCS	CS	LT-PCS	CS	LT-PCS	CS	LT-PCS
EATING							
BATHING			✓		✓		✓
DRESSING			✓		✓		✓
GROOMING			✓		✓		✓
TRANSFERRING			✓		✓		✓
AMBULATION			✓		✓		✓
TOILETING			✓		✓		✓
LIGHT HOUSEKEEPING							
FOOD PREPARATION and STORAGE							
GROCERY SHOPPING							
LAUNDRY							
MEDICATION REMINDERS							
ASSISTANCE SCHEDULING MEDICAL APPTS							
ASSISTANCE ARRANGING MEDICAL TRANSPORT							
ACCOMPANYING TO MEDICAL APPTS							
SUPV OR ASSIST W/OTHER HEALTH RELATED TASK							
SUPV OR ASSIST W/COMMUNITY RELATED TASKS							
SUPV OR ASSIST RELATED TO SAFETY PURPOSES			✓		✓		✓



# CPOC TASK LIST/PROVIDER AGREEMENT (Page 1 of 2)

Once the Recipient has reviewed and agreed upon the task list, he/she chooses a provider via the Freedom of Choice process. The Support Coordinator contacts the provider via telephone and informs them regarding the recipient's choice. And faxes Task List/ Provider Agreement to the Provider.

CPOC TASK LIST/PROVIDER AGREEMENT for WEEKLY LONG TERM-PERSONAL CARE SERVICES / ELDERLY and DISABLED ADULT WAIVER-COMPANION SERVICES

SUPPORT COORDINATION OR SINGLE POINT OF ENTRY AGENCY NAME: XYZ Inc  
 PARTICIPANT NAME: Melvin Joseph Brown MEDICAID ID #: 1234567890000 DATE DEVELOPED: 3-13-09

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	LTPCS	CS	LTPCS	CS	LTPCS	CS	LTPCS
DAILY CUMULATIVE TOTAL LT-PCS & CS HOURS (TOTALS FROM TASK LIST WORKSHEET PAGES)→	0	0	3.75	1	3.25	0	3.75
DAILY CUMULATIVE TOTAL UNITS FOR LT-PCS & CS (HOURS X 4 = UNITS)→	0	0	15	4	13	0	15
WEEKLY SHARE ALLOCATIONS→	LT-PCS: 17.75	HOURS X 4 = 71	UNITS	EDA-CS: 3	HOURS X 4 = 12	UNITS	
	USE CHECK MARK TO INDICATE TASK & SERVICE TYPE TO BE COMPLETED EACH DAY↓						
TASKS TO BE COMPLETED↓	LT-PCS	CS	LT-PCS	CS	LT-PCS	CS	LT-PCS
EATING							
BATHING			✓		✓		✓
DRESSING			✓		✓		✓
GROOMING			✓		✓		✓
TRANSFERRING			✓		✓		✓
AMBULATION			✓		✓		✓
TOILETING			✓		✓		✓
LIGHT HOUSEKEEPING							
FOOD PREPARATION and STORAGE							
GROCERY SHOPPING							
LAUNDRY							
MEDICATION REMINDERS							
ASSISTANCE SCHEDULING MEDICAL APPTS							
ASSISTANCE ARRANGING MEDICAL TRANSPORT							
ACCOMPANYING TO MEDICAL APPTS							
SUPV OR ASSIST W/OTHER HEALTH RELATED TASK							
SUPV OR ASSIST W/COMMUNITY RELATED TASKS							
SUPV OR ASSIST RELATED TO SAFETY PURPOSES			✓		✓		✓

Re-issued 3-27-09 / Effective 3-1-09

OAAS-SC-09-012 Page 1 of 2

# CPOC TASK LIST/PROVIDER AGREEMENT (Page 2 of 2)

At this point in the process, the services described on the Task List/Provider Agreement are contingent upon approval by the OAAS Regional Office. The provider agency has 5 working days to sign on the Pre-Approval Signature line of this document and return it to the SC.

CPOC TASK LIST/PROVIDER AGREEMENT for WEEKLY LONG TERM-PERSONAL CARE SERVICES / ELDERLY and DISABLED ADULT WAIVER-COMPANION SERVICES

SUPPORT COORDINATION OR SINGLE POINT OF ENTRY AGENCY NAME: XYZ, Inc.

PARTICIPANT NAME: Melvin Joseph Brown MEDICAID ID #: 1234578890000 DATE DEVELOPED: 3-13-09

This Participant Schedule is subject to change depending on the participant's preferences and fluctuations in his/her personal schedule. Therefore this document shall not be used for audit or monitoring purposes. Weekly allocations are to be used flexibly, in accordance with the participant's preferences and personal schedule within the week that begins on Sunday @ 12:00 a.m., and ends on the following Sunday @ 12:00 a.m. Allocations are to be used within the prescribed week only. Unused portions of a weekly allocation cannot be saved or borrowed from one week for use in another week. Total hours used within the week may not exceed the weekly allocation.

☒ Betty M. Brown 3-13-09 ☒ Support Coordinator 3-13-09  
☐ Participant's or ☒ Personal Representative's Signature and Date Support Coordinator's or Assessor's Printed Name and Signature and Date

☒ We agree to provide services/supports in accordance with this approved task list.

\*If you (Provider) do not agree to provide services/supports in accordance with this approved task list, you must submit written documentation that supports your inability to meet the individual's health and welfare needs, or to support that all previous efforts to provide services/supports have failed, and that there is no option but to refuse service provision.

\*☐ If not agreeing to provide services to this participant, I (Provider) have attached requested information.

☒ Good Care, Inc. XXXXXXXX XXXXXXXX  
Provider Agency Printed Name and Numbers LT-PCS Provider # EDA-CS Provider #

☒ Jon Supporter, Operations Director Jon Supporter 3-17-09  
Pre-Approval Provider Agency Representative Printed Name and Title and Signature and Date

☒ Bonnie Williams 3-26-09  
OAAS Regional Office Representative Approval Signature and Date

☒ Jane Smith, Operations Supervisor Jane Smith 3-30-09  
Post-Approval Provider Agency Representative Printed Name and Title and Signature and Date



document shall not be used for audit or monitoring purposes. Weekly allocations are to be used flexibly, in accordance with the participant's preferences and personal schedule within the week that begins on Sunday @ 12:00 a.m., and ends on the following Sunday @ 12:00 a.m. Allocations are to be used within the prescribed week only. Unused portions of a weekly allocation cannot be saved or borrowed from one week for use in another week. Total hours used within the week may not exceed the weekly allocation.

x Betty M. Brown 3-13-09  
☐ Participant's or ☒ Personal Representative's Signature and Date

x Sue Coordinator Sue Coordinator 3-13-09  
Support Coordinator's or Assessor's Printed Name and Signature and Date

☒ We agree to provide services/supports in accordance with this approved task list.

\*If you (Provider) do not agree to provide services/supports in accordance with this approved task list, you must submit written documentation that supports your inability to meet the individual's health and welfare needs, or to support that all previous efforts to provide services/supports have failed, and that there is no option but to refuse service provision.

\*☐ If not agreeing to provide services to this participant, I (Provider) have attached requested information.

x Good Care, Inc. XXXXXXXX XXXXXXXX  
Provider Agency Printed Name and Numbers LT-PCS Provider # EDA-CS Provider #

x Jon Supporter, Operations Director Jon Supporter 3-17-09  
Pre-Approval Provider Agency Representative Printed Name and Title and Signature and Date

x Bonnie Williams 3-26-09  
OAAS Regional Office Representative Approval Signature and Date

x Jane Smith, Operations Supervisor Jane Smith 3-30-09  
Post-Approval Provider Agency Representative Printed Name and Title and Signature and Date

# CPOC TASK LIST/PROVIDER AGREEMENT (Page 2 of 2)

Once the provider agency signs and returns the Task/List Provider Agreement, they will begin making arrangements and developing the necessary plans so that services can be implemented upon receipt of the approved CPOC with approved task list and prior authorization.

CPOC TASK LIST/PROVIDER AGREEMENT for WEEKLY LONG TERM-PERSONAL CARE SERVICES / ELDERLY and DISABLED ADULT WAIVER-COMPANION SERVICES

SUPPORT COORDINATION OR SINGLE POINT OF ENTRY AGENCY NAME: XYZ, Inc.  
PARTICIPANT NAME: Melvin Joseph Brown MEDICAID ID #: 1234578890000 DATE DEVELOPED: 3-13-09

This Participant Schedule is subject to change depending on the participant's preferences and fluctuations in his/her personal schedule. Therefore this document shall not be used for audit or monitoring purposes. Weekly allocations are to be used flexibly, in accordance with the participant's preferences and personal schedule within the week that begins on Sunday @ 12:00 a.m., and ends on the following Sunday @ 12:00 a.m. Allocations are to be used within the prescribed week only. Unused portions of a weekly allocation cannot be saved or borrowed from one week for use in another week. Total hours used within the week may not exceed the weekly allocation.

x Betty M. Brown 3-13-09 x Sue Coordinator 3-13-09  
☐ Participant's or ☒ Personal Representative's Signature and Date Support Coordinator's or Assessor's Printed Name and Signature and Date

☒ We agree to provide services/supports in accordance with this approved task list.

\*If you (Provider) do not agree to provide services/supports in accordance with this approved task list, you must submit written documentation that supports your inability to meet the individual's health and welfare needs, or to support that all previous efforts to provide services/supports have failed, and that there is no option but to refuse service provision.

\*☐ If not agreeing to provide services to this participant, I (Provider) have attached requested information.

x Good Care, Inc. XXXXXXXX XXXXXXXX  
Provider Agency Printed Name and Numbers LT-PCS Provider # EDA-CS Provider #

x Jon Supporter, Operations Director Jon Supporter 3-17-09  
Pre-Approval Provider Agency Representative Printed Name and Title and Signature and Date

x Bonnie Williams 3-26-09  
OAAS Regional Office Representative Approval Signature and Date

x Jane Smith, Operations Supervisor Jane Smith 3-30-09  
Post-Approval Provider Agency Representative Printed Name and Title and Signature and Date

# CPOC TASK LIST/PROVIDER AGREEMENT (Page 2 of 2)

Upon approval by the OAAS Regional office, the SC will fax to the provider the approved plan of service and the Task List/Provider Agreement containing The OAAS Representative's Signature. The agency must sign on the Post Approval signature line indicating agreement to provide services. The provider agency has 5 working days to return this form to the SC Agency.

CPOC TASK LIST/PROVIDER AGREEMENT for WEEKLY LONG TERM-PERSONAL CARE SERVICES / ELDERLY and DISABLED ADULT WAIVER-COMPANION SERVICES

SUPPORT COORDINATION OR SINGLE POINT OF ENTRY AGENCY NAME: XYZ, Inc.  
PARTICIPANT NAME: Melvin Joseph Brown MEDICAID ID #: 1234578890000 DATE DEVELOPED: 3-13-09

This Participant Schedule is subject to change depending on the participant's preferences and fluctuations in his/her personal schedule. Therefore this document shall not be used for audit or monitoring purposes. Weekly allocations are to be used flexibly, in accordance with the participant's preferences and personal schedule within the week that begins on Sunday @ 12:00 a.m., and ends on the following Sunday @ 12:00 a.m. Allocations are to be used within the prescribed week only. Unused portions of a weekly allocation cannot be saved or borrowed from one week for use in another week. Total hours used within the week may not exceed the weekly allocation.

x Betty M. Brown 3-13-09 x Sue Coordinator Ass Coordinator 3-13-09  
☐ Participant's or ☒ Personal Representative's Signature and Date Support Coordinator's or Assessor's Printed Name and Signature and Date

☒ We agree to provide services/supports in accordance with this approved task list.

\*If you (Provider) do not agree to provide services/supports in accordance with this approved task list, you must submit written documentation that supports your inability to meet the individual's health and welfare needs, or to support that all previous efforts to provide services/supports have failed, and that there is no option but to refuse service provision.

\*☐ If not agreeing to provide services to this participant, I (Provider) have attached requested information.

x Good Care, Inc. XXXXXXXX XXXXXXXX  
Provider Agency Printed Name and Numbers LT-PCS Provider # EDA-CS Provider #

x Jon Supperer, Operations Director Jon Supperer 3-17-09  
Post-Approval Provider Agency Representative Printed Name and Title and Signature and Date

x Bonnie Williams 3-26-09  
OAAS Regional Office Representative Approval Signature and Date

x Jane Smith, Operations Supervisor Jane Smith 3-30-09  
Post-Approval Provider Agency Representative Printed Name and Title and Signature and Date



# CPOC TASK LIST/PROVIDER AGREEMENT (Page 2 of 2)

If the provider agency declines to serve the individual, the agency must provide written documentation to support an inability to meet the individual's health and welfare needs, or documentation to support that all previous efforts to serve the individual have failed and there is no option but to refuse service.

CPOC TASK LIST/PROVIDER AGREEMENT for WEEKLY LONG TERM-PERSONAL CARE SERVICES / ELDERLY and DISABLED ADULT WAIVER-COMPANION SERVICES

SUPPORT COORDINATION OR SINGLE POINT OF ENTRY AGENCY NAME: XYZ, Inc.  
PARTICIPANT NAME: Melvin Joseph Brown MEDICAID ID #: 1234578890000 DATE DEVELOPED: 3-13-09

This Participant Schedule is subject to change depending on the participant's preferences and fluctuations in his/her personal schedule. Therefore this document shall not be used for audit or monitoring purposes. Weekly allocations are to be used flexibly, in accordance with the participant's preferences and personal schedule within the week that begins on Sunday @ 12:00 a.m., and ends on the following Sunday @ 12:00 a.m. Allocations are to be used within the prescribed week only. Unused portions of a weekly allocation cannot be saved or borrowed from one week for use in another week. Total hours used within the week may not exceed the weekly allocation.

x Betty M. Brown 3-13-09 x Sue Coordinator 3-13-09  
☐ Participant's or ☒ Personal Representative's Signature and Date Support Coordinator's or Assessor's Printed Name and Signature and Date

☒ We agree to provide services/supports in accordance with this approved task list.

\*If you (Provider) do not agree to provide services/supports in accordance with this approved task list, you must submit written documentation that supports your inability to meet the individual's health and welfare needs, or to support that all previous efforts to provide services/supports have failed, and that there is no option but to refuse service provision.

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x Good Care, Inc. XXXXXXXX XXXXXXXX  
Provider Agency Printed Name and Numbers LT-PCS Provider # EDA-CS Provider #

x Jon Supporter, Operations Director for Supporter 3-17-09  
Pre-Approval Provider Agency Representative Printed Name and Title and Signature and Date

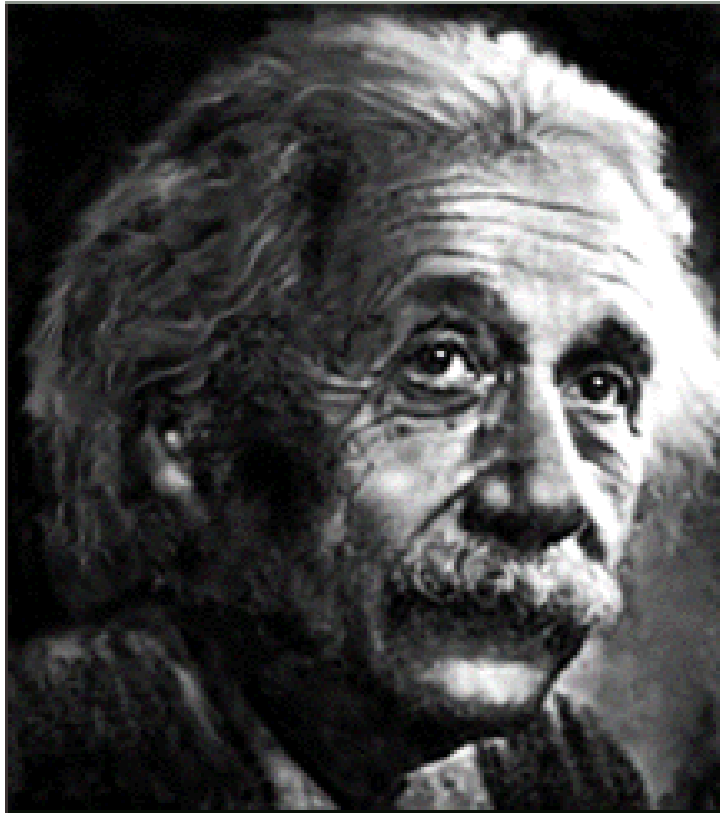
x Bonnie Williams 3-26-09  
OAS Regional Office Representative Approval Signature and Date

x Jane Smith, Operations Supervisor Jane Smith 3-30-09  
Post-Approval Provider Agency Representative Printed Name and Title and Signature and Date

# ***Important Resource Information***

- Adult Protective Services Hot Line: 1-800-898-4910 or (225) 342-9057
- Elderly Protective Services Hot Line: 1-800-259-4990
- Office of Aging and Adult Services Website:  
[www.oaas.dhh.louisiana.gov](http://www.oaas.dhh.louisiana.gov)
- LA Medicaid Provider Support Center:  
[www.lamedicaid.com](http://www.lamedicaid.com)
- Health Standards Section: [www.hss.dhh.louisiana.gov](http://www.hss.dhh.louisiana.gov)
- Unisys Provider Relations: 1-800-473-2783 or (225) 924-5040
- Medicaid Fraud Hotline at 1-800-488-2917





*The significant problems we face can not be solved at the same level of thinking we were at when we created them.*

Albert Einstein

# Questions?

